FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005626 (5)**

1. Corporation Name:
VOX COM VOICE SYSTEMS INC.

Principal Place of Business
4401 SOUTHGATE DRIVE
PLANO TX 75024

Mailing Address
4401 SOUTHGATE DRIVE
PLANO TX 75024

3. Date Incorporated or Qualified: **11/16/1995**
3a. Date of Last Report: N/A

4. FEI Number: **75-2444267** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 10875 Switzer Ave
Suite, Apt. #, etc.
22 108
City & State
23 Dallas TX
Zip
24 75238
Country
25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
TRIPP, KYLE
573 FOX HUNT CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 929 Delfino Place
83
84 City: Lake Mary FL 85 Zip Code: 32746

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (type or print name of registered agent) (date if applicable) (Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	ANDREW, JO ELLEN S	
STREET ADDRESS	573 FOX HUNT CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	VVCD	☐ DELETE
NAME	ANDREW, BRIAN	
STREET ADDRESS	573 FOX HUNT CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	ST	☐ DELETE
NAME	TRIPP, KYLE	
STREET ADDRESS	573 FOX HUNT CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	929 Delfino Place	
3.4 CITY-ST-ZIP	Lake Mary FL 32746	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kyle Tripp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4·19·96

Daytime Phone #: 407-328-0614

CR2E034 (12/95)

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